

Overview of SAMHSA's Performance Management Strategy

Performance measurement and management is a challenging and complex issue. The following pages are the result of years of hard work and the very beginning of a state-level reporting system that in turn will create an accurate and current national picture of substance abuse and mental health services. When I began my tenure at the Substance Abuse and Mental Health Services Administration (SAMHSA), I found hundreds of program measures and millions of dollars of activities focused on data collection, analysis, and reporting; however, there was no comprehensive strategy, no direction. The links from data activities to the Agency's mandate as a services agency were vague at best.

Congress created SAMHSA to "fully develop the Federal government's ability to target effectively substance abuse and mental health services to the people most in need and to translate research in these areas more effectively and more rapidly into the general health care system." To meet the Agency's mandate and to be consistent with President Bush's Management Agenda to create a government that is citizen centered, results driven, and market based, I initiated an internal review and began the process of transforming the way we do business at SAMHSA. SAMHSA's vision became "a life in the community for everyone." Our vision is based on the precept that all people deserve the opportunity for a life that includes a job, a home, education, and meaningful relationships with family and friends. To achieve our vision we established our mission as building resilience and facilitating recovery.

Additionally, a SAMHSA matrix of program priorities and cross-cutting management principles was created to focus our work and budget on our vision and mission. One of the cross-cutting management principles on the Matrix is data for performance measurement and management. To obtain the data needed for performance measurement and management we are implementing a data strategy. The strategy is simple: The tighter our measurements become, the more we can show our effectiveness. The greater our effectiveness—the greater the number of people served, the greater the chances for a life in the community for everyone.

Our goal is to achieve a performance environment with true accountability. We are looking at the data we are collecting and asking why we are collecting it. And, we asked how we are using it to manage and measure performance. If we are not using the data collected, we are taking steps to stop collecting it. Our emphasis on a limited number of national outcomes and related national outcome measures is built on a history of extensive dialogue with our colleagues in State mental health and substance abuse service agencies and, most importantly, the people we serve.

In collaboration with the States we have identified ten domains as our National Outcome Measures, or NOMs. The domains we have identified embody meaningful, real life outcomes for people who are striving to attain and sustain recovery, build resilience, and work, learn, live, and participate fully in their communities.

The first and foremost domain is abstinence from drug use and alcohol abuse or decreased symptoms of mental illness with improved functioning. Four domains focus on resilience and sustaining recovery. These include getting and keeping a job or enrolling and staying in school; decreased involvement with the criminal justice system; securing a safe, decent, and stable place to live; and social connectedness to and support from others in the community such as family, friends, co-workers, and classmates. Two domains look directly at the treatment process itself in terms of available services and services provided. One measure is increased access to services for both mental health and substance abuse. Another is increased retention in services for substance abuse or decreased inpatient hospitalizations for mental health treatment. The final three domains examine the quality of services provided. These include client perception of care, cost-effectiveness, and use of evidenced-based practices in treatment.

Data for reporting on these measures will come primarily from the States. States will be supported in their efforts by SAMHSA with infrastructure and technical assistance through a new State Outcomes Measurement and Management System (SOMMS). Through this new system SAMHSA in partnership with the States will:

- Standardize operational definitions and outcome measures, and link records to support pre- and post-service comparisons.
- Develop benchmarking strategies to determine acceptable levels of outcomes.
- Produce routine management reports to direct our technical assistance and science-to-services program to implement interventions designed to result in improved outcomes.
- Achieve full State reporting by the end of fiscal year (FY) 2007. In the interim, each year more States will report with standard definitions until all States are on board.

While each State is at a different stage of readiness and some of the measures themselves are still in development, ultimately, we will be able to report at the State level consistent, cross-year data allowing us to examine the impact of programs and changes over time. As the following information indicates data that are currently available allows for an early glimpse of the national and state pictures to come.

Mental Health Treatment Services: SAMHSA is using NOMs data to organize technical assistance to States around monitoring and improving quality. States are placing NOMs data on their websites to assess the progress of local providers in improving quality and are using NOMs data to develop benchmarks for planning. Northeastern States are using NOMs data to develop regional comparisons to monitor and improve quality.

State Mental Health Agencies reported the following outcomes for services provided during 2003:

- For the 40 States that reported data in the Employment Domain, 22 percent of the mental health consumers were in competitive employment.

- For the 28 States that reported data in the Housing Domain, 77 percent of the mental health consumers were living in private residences.
- For the 30 States that reported data in the Retention Domain, only 8.5 percent of the mental health patients returned to a State hospital within 30 days of State hospital discharge.
- For the 43 States that reported data in the Perception of Care Domain, 72 percent of the mental health consumers reported that as a direct result of the mental health services they received, that they were doing better.

Substance Abuse Treatment Services: Preliminary data from the 2005 Substance Abuse Prevention and Treatment Block Grant application, which reports 2002 data, indicate that all States fall within the current cost bands for cost per admission by level of care. During the most recent year that Substance Abuse Prevention and Treatment Block Grant (SAPTBG) data are available, the number of persons served (approximately 2 million) was derived from a variety of sources. Forty-six States reported an unduplicated count: 20 of the counts were based upon a statewide unique client ID, and 26 were based upon fixed client characteristics. The remaining States reported total admissions to which a formula was applied to calculate approximate numbers of individuals served. In addition, 25 States have the capability of linking admission data from one episode of care to another, while the remainder of States do not have this capability. SOMMS will provide the opportunity to remedy these inconsistencies.

State Substance Abuse Agencies reported the following outcomes for services provided during 2002:

- For the 11 States that reported data in the Abstinence Domain, all identified improvements in client abstinence from alcohol and other substances.
- For the 16 States that reported data in the Employment Domain, all identified improvements in client employment.
- For the 8 States that reported in the Criminal Justice Domain, all reported a reduction in arrests.
- For the 13 States that reported data in the Housing Domain, 12 of 13 identified improvements in stable housing for clients.

Substance Abuse Prevention Services: Among the Center for Substance Abuse Prevention (CSAP) direct service programs that supplied data, CSAP participants tended to be younger, more ethnically diverse, female, and to have fewer years of education than the national average, potentially reflecting success in the purposeful intent of the reporting prevention programs to target youth and specific risk populations.

SAMHSA's National Survey on Drug Use and Health (NSDUH) collects data among members of U.S. households aged 12 or older, including substance use in the past 30 days, perceived risk of use, and age at first use—all information that provides benchmarks for the Abstinence Domain. Nationally, combined data for 2002 and 2003 show that among persons aged 12 to 17:

- 11 percent reported binge alcohol use in the past 30 days; however, 38 percent perceived a great risk of harm from having five or more drinks of an alcoholic beverage once or twice a week.
- 8 percent reported marijuana use in the past 30 days; however, 34 percent perceived a great risk of harm from smoking marijuana once a month.
- 7 percent were first-time marijuana users.

These data demonstrate a strong partnership in an enormous undertaking and reflect solid, early progress. Once the established three-year implementation phase with our State partners is complete, SAMHSA will have a much clearer reporting mechanism for Congress and the taxpayers on the effectiveness of their investment in our programs. Critically, this will allow SAMHSA to make the best decisions based on the best data possible to improve services for the people we serve.

I look forward to implementing SOMMS which will bring the National Outcome Measures data collection to its full potential. I remain committed to good fiscal stewardship and to making it possible for even more Americans who battle addiction and struggle with mental illness to live, work, learn, and enjoy themselves in communities across the nation.

The following information is a first release which reflects the data gathered from reporting States thus far. I am pleased to share the following highlights with you.

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